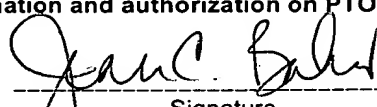
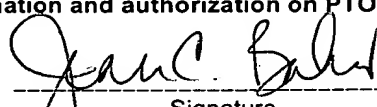
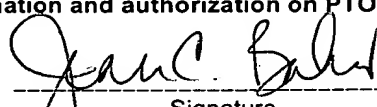




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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 960296.95874																		
In re Application of <b>David I. Watkins, et al.</b>																				
Application Number <b>09/869,753</b>		Filed <b>Dec. 17, 2001</b>																		
For <b>Vaccination Method for Efficient Induction of Cytotoxic . . .</b>																				
Art Unit <b>1632</b>		Examiner <b>Q. Li</b>																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ <b>930.00</b></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>17-0055</b>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table><tr><td><b>September 11, 2003</b></td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td><b>(414) 277-5709</b></td><td><b>Jean C. Baker, Reg. No. 35,433</b></td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <b>1</b> forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <b>930.00</b>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<b>September 11, 2003</b>		Date	Signature	<b>(414) 277-5709</b>	<b>Jean C. Baker, Reg. No. 35,433</b>	Telephone Number	Typed or printed name
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____																			
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____																			
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <b>930.00</b>																			
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____																			
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____																			
<b>September 11, 2003</b>																				
Date	Signature																			
<b>(414) 277-5709</b>	<b>Jean C. Baker, Reg. No. 35,433</b>																			
Telephone Number	Typed or printed name																			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. National Phase Application Corresponding To:

USPN: 09/869,753  
PCT Application: PCT/US00/00286  
International  
Filing Date: 06 January 2000  
Priority Date: 08 January 1999  
Applicant: WATKINS, et al.  
Title: VACCINATION METHOD FOR EFFICIENT  
INDUCTION OF CYTOTOXIC T LYMPHOCYTE  
RESPONSE  
Docket No.: 960296.95874

BOX PCT  
Assistant Commissioner for Patents  
Washington, D.C. 20231

PETITION FOR EXTENSION OF TIME TO  
RESPOND TO NOTIFICATION OF MISSING REQUIREMENTS  
UNDER 35 USC 371 PURSUANT TO 37 CFR 1.136(a)(1)

Dear Sir:

Applicant hereby petitions for an extension of time for two months in which to respond to the Notification of Missing Requirements Under 35 U.S.C. 371 In the United States Elected Office pursuant to Section 1.136(a)(1). Applicants have extended the time of Response from October 16, 2000 until December 16, 2001. A response within the second month of said Notification is being filed simultaneously herewith.

A fee of \$400.00 is believed to be due in connection with said petition and authorization to charge said amount to Deposit Account Number 17-0055 is hereby made. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 17-0055. A duplicate copy of this sheet is enclosed.

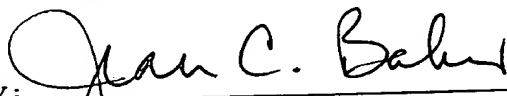
12/31/2001 UEDUVIJE 00000021 170055 09869753

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17 December 2001

Respectfully submitted,

By:   
Jean C. Baker  
QUARLES & BRADY  
411 East Wisconsin Avenue  
Milwaukee, WI 53202  
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(414) 277-5709  
(414) 271-3552/Fax